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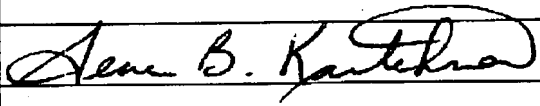
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/017,334		
	Filing Date	12-14-2001		
	First Named Inventor	Dragan Dosen		
	Art Unit			
	Examiner Name			
	Attorney Docket Number	41575-115		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>75474</u> <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <u>75474</u> OR				
<input type="checkbox"/> Firm or Individual Name	Grant D. Kang			
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I am the: <input type="checkbox"/> Applicant/Inventor <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Name	Gene B. Kartchner, Assistant Secretary			
Signature				
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NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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